

## PART B - FEE(S) TRANSMITTAL

12-13-04

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

30623 7590 09/10/2004

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY  
AND POPEO, P.C.  
ONE FINANCIAL CENTER  
BOSTON, MA 02111

12/14/2004 HUUONG2 00000004 09802094

01 FC:1504 300.00 OP  
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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/802,094	03/08/2001	Paul Calabresi	21486-038	4935

TITLE OF INVENTION: COMBINATION DRUG THERAPY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	<del>300</del> \$700	\$300	<del>995</del> 1,000	12/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
YAEN, CHRISTOPHER H	1642	514-012000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Mintz, Levin, Cohn, Ferris,

1. Glovsky and Popeo, P.C.2. Ingrid A. Beattie

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Rhode Island Hospital

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Providence, RI

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Ingrid A. Beattie  
Ingrid A. Beattie, Reg. No. 42,306

Date

December 10, 2003

Typed or printed name

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Date of Deposit: December 10, 2004

Attorney Docket No: 21486-038

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS : Calabresi, et al.  
SERIAL NUMBER : 09/802,094 EXAMINER : C. H. Yaen  
FILING DATE : March 8, 2001 ART UNIT : 1642  
FOR : COMBINATION DRUG THERAPY

December 10, 2004  
Boston, Massachusetts

**MAIL STOP: ISSUE FEE**

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL LETTER**

Sir:

Transmitted herewith for filing in the present application are the following documents:

- ☒ Issue Fee Transmittal Form (1 pg., in duplicate);
- ☒ Check #19745 in the amount of \$1,030.00 (Issue Fee \$700.00, Publication fee \$300.00, Advance Copies of Patent \$30.00);
- ☒ Return Postcard.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts. The Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 21486-038. A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,

  
Ingrid A. Beattie, Reg. No. 42,306  
Attorney for Applicants  
Tel.: (617) 542 6000  
Fax: (617) 542-2241

**Customer No. 30623**